

[illegible]

		AS FILED		AFTER AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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50							
TOTAL IND.							
TOTAL DEP.							
TOTAL							

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

09/937665

**FILING DATE**